

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sm</i>		10/25/99
O.I.P.E. CLASSIFIER	<i>NY</i>		10/30/99
FORMALITY REVIEW		05918	11-9-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	6/4/02
2	✓
3	✓
4	✓
5	✓
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Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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